

4928

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
County of <u>Gila</u>		BUREAU OF VITAL STATISTICS.	State Index No. <u>100</u>
District of <u>Globe</u>		ORIGINAL CERTIFICATE OF BIRTH.	Co. Register No. <u>101</u>
Town of <u>Miami</u>			Local Registrar's No. _____
City of _____			
FULL NAME OF CHILD <u>Mmanuel Granda</u>		(No. _____ St. _____ Ward _____)	
If child is not named, make Supplemental Report on blank obtainable from local registrar.		Born <u>YES</u>	Alive <u>NO</u>
Sex of Child <u>Male</u>	Twin, Triplet or other _____	and _____	Number in order of birth _____
		Legitimate? <u>yes</u>	Date of Birth <u>5</u> <u>8</u> 19 <u>13</u>
			(Month) (Day) (Yr.)
Full Name <u>Rafael Granda</u>	FATHER	Full Maiden Name <u>Jesus Gonzalez</u>	MOTHER
Residence <u>Miami Ariz</u>		Residence <u>Miami Ariz</u>	
Color or Race <u>Mexican</u>	Age at last Birthday <u>33</u> (Years)	Color or Race <u>Mexican</u>	Age at last Birthday <u>17</u> (Years)
Birthplace <u>Chihuahua Mex.</u>		Birthplace <u>Hermosillo Sonora</u>	
Occupation <u>Murder</u>		Occupation <u>House Wife</u>	
Number of child of this mother <u>1</u>	Number of children, of this mother, now living <u>one</u>	Were precautions taken against Ophthalmia neonatorum? <u>no</u>	
<p align="center"><b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</b></p> <p>I hereby certify that I attended the birth of above child; and that it occurred on <u>5/8</u> 19<u>13</u>, at <u>3 P.M.</u></p> <p>*When there is no attending physician or midwife, then the householder should make this return.</p> <p>Given or christian name added from a _____</p> <p>supplemental report _____ 191<u>3</u></p> <p><u>476-502-172</u> COUNTY REGISTRAR.</p> <p>Filed <u>5/10</u> 191<u>3</u></p> <p>Filed <u>6/5</u> 191<u>3</u></p> <p>(Signature) <u>E.C. Snyder</u> (Attending physician, midwife, householder.)</p> <p>Address <u>Miami Ariz</u></p> <p><u>B.G. La</u> LOCAL REGISTRAR.</p> <p><u>B.G. La</u> COUNTY REGISTRAR.</p>			